

Mamie E. Blackston

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Febry - 8

Age 13 - 4 - 22

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 1

Husband
of

Wife

Father's

Name

S. Alfred Blackston

Mother's

Maiden Name

Mary Stewart

Cause of

Primary

Confinement -

How long sick

6 or 7 wks.

Death

Immediate

Acute Pulmonary Tuberculosis

Accident, Suicide, Homicide

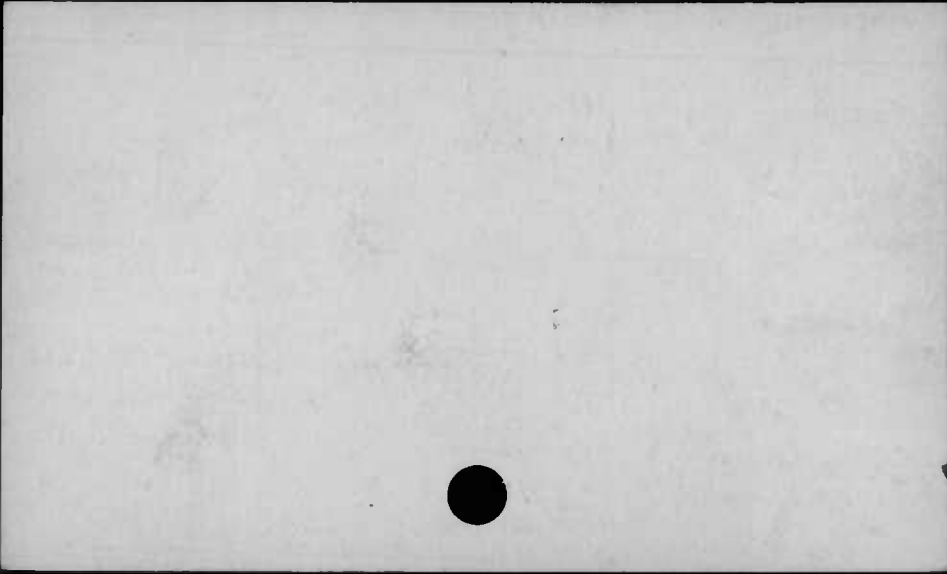
Reported by

M. R. Eareckson

Address

Eek Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Fulton* Town *Harwood* County **MARYLAND**
 Date 19 *03* Month *2* Day *20* Y. *20* M. *20* D. *20* Native of *MD* Occupation *Domestic*
 Male *White* Married *Widow* Divorced *Number of children living 5*
 Female *Colored* Single *Widower*

Husband of *Elisha Brown*
 Wife

Father's Name *John Brown* Mother's Maiden Name *John Brown*

Cause of Death { Primary *Debility* Immediate *Pneumonia* } How long sick *93* *5 days*
 Accident, Suicide, Homicide

Reported by *McKee*

Address *Highland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Brown

CERTIFICATE OF DEATH

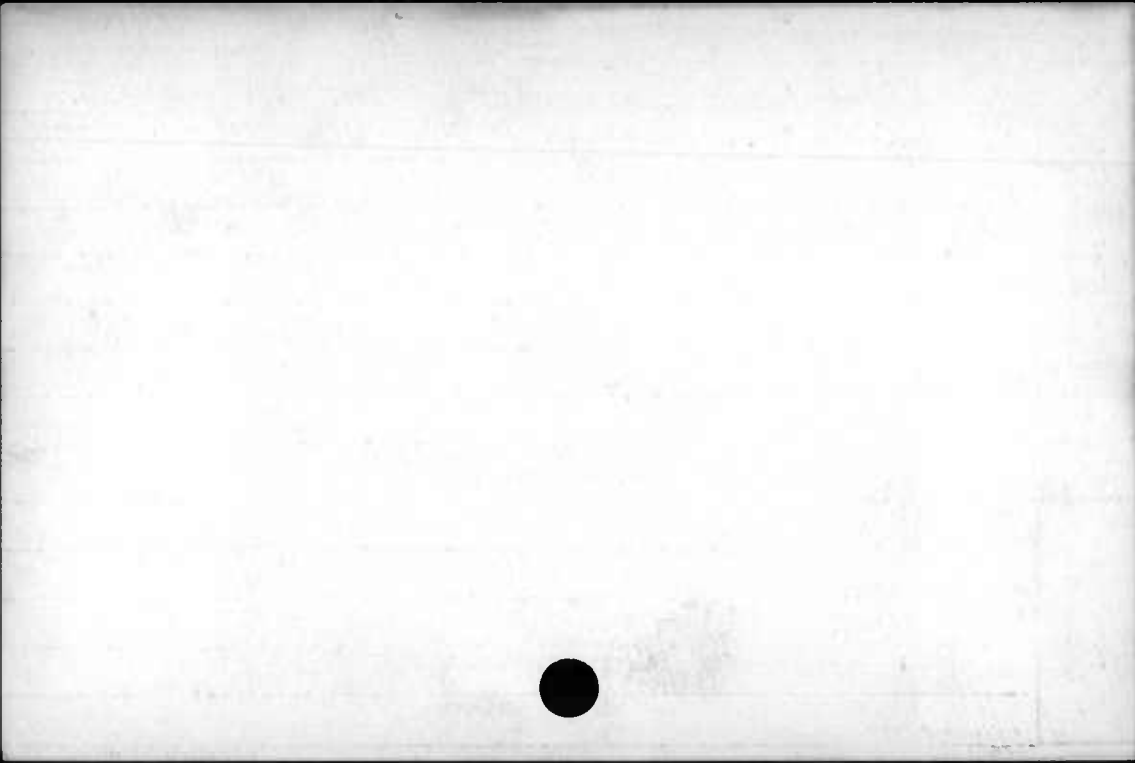
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elliott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> <small>Month</small>	<i>24th</i> <small>Day</small>	Age <i>19</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Sullivan</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ella Brown</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Jane Brown</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John P. McHenry</i>
	Address <i>Elliott City Md</i>
Accident or Suicide?	



Name

in Full

George Washington Chaffman

CERTIFICATE OF DEATH

Town

County

Died at

Chester

Bolton

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Feb

3

Age 22

Sex

male

Color or Race

white American

Birth-place

Lafayette Maryland

Married, Single

Single

Occupation

well dresser

Name of Wife or Husband

Father's Name

not known

Father's Birthplace

Lo

Mother's Maiden Name

not known

Mother's Birthplace

Lo

Name of person giving information

Dr. J. B. Dornig

How related to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

5 days

Immediate

Exhaustion

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

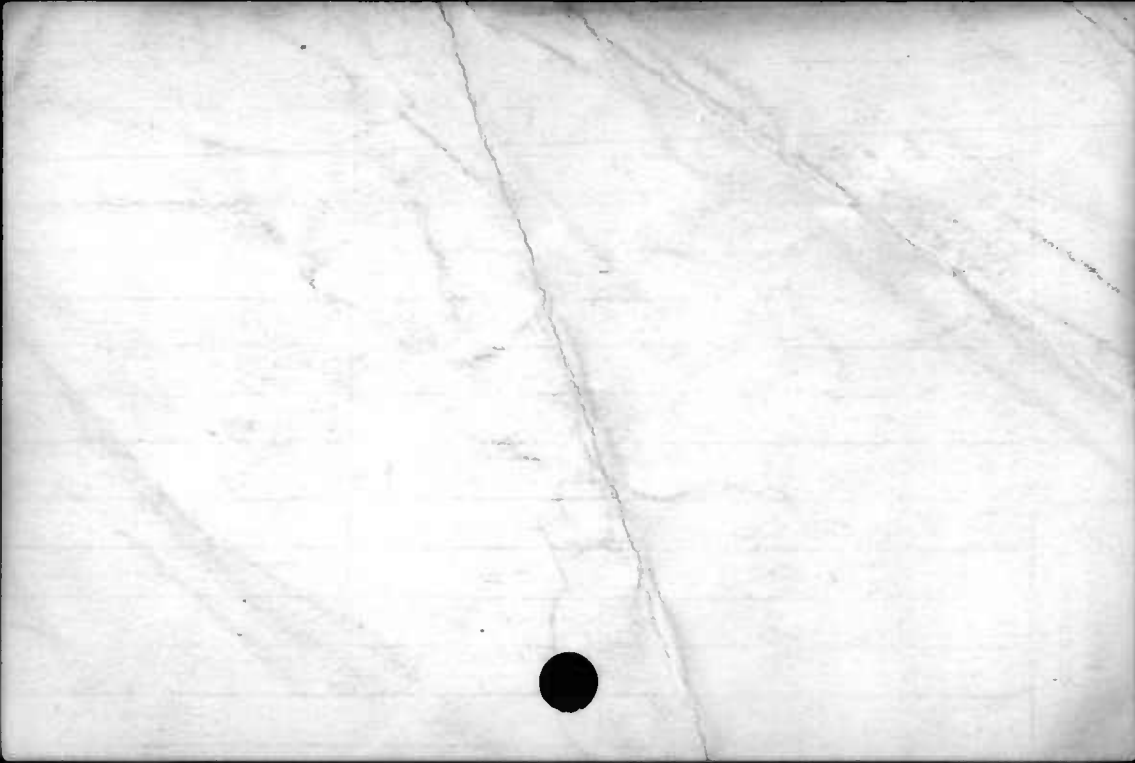
Signature of Physician

Address

J. B. Dornig
Chester City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

William Henry Darsey

MARYLAND

Died at

Ellicott City

County

Howard

Date

of death 1903

Month

Feb

Day

19

Age

Years

61

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Farm Hand

Name of Wife or
Husband

Leaster Darsey

Father's
Name

Samuel Darsey

Father's
Birthplace

Maryland

Mother's
Maiden Name

P. Darsey

Mother's
Birthplace

Maryland

Name of person giving
Information

wife

How related
to deceased

CAUSES OF DEATH

Primary

Organic heart disease

How long

3 years

Immediate

Stroke

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

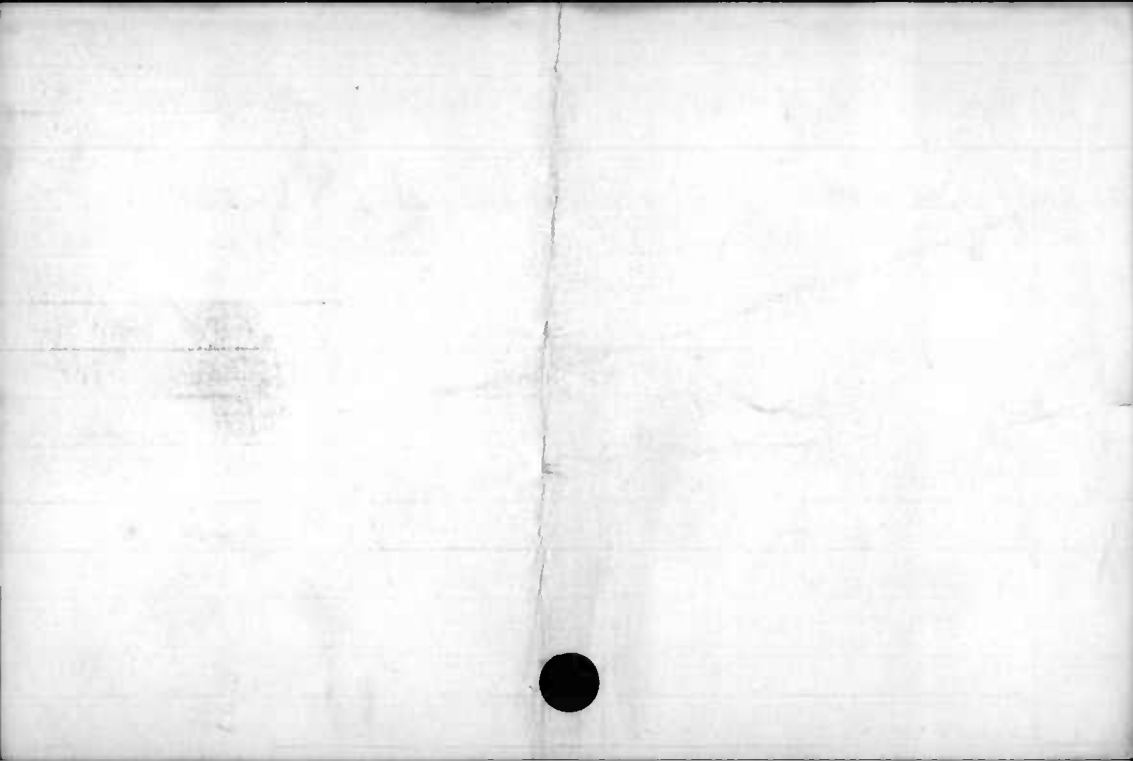
T. B. Byrne

Address

Ellicott City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John A. Sumhast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highridge</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death 190	^{Month} <i>2</i>	^{Day} <i>8</i>	Age ^{Years} <i>78</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>marrit</i>		Occupation <i>laborn</i>			
Name of Wife or Husband <i>Mary Sumhast</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Jas L. Hobbs</i>				How related to deceased <i>friend</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pruler tohus nephritis 1900</i>	How long <i>2 yrs.</i>
Immediate <i>Uræmia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Th. J. [unclear]</i>
	Address <i>[unclear]</i>
Accident or Suicide?	



Name in Full

Certificate of Death

John Fancett

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

13

2

24

Age

40 - —

Maryland

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

4 month

Death

Immediate

Exhaustion 27

~~Accident, Suicide, Homicide~~

Reported by

Address

John F. Fancett & Son
West. Fire & Ship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Honore Elizabeth Grant

Died at ^{Town} Newryton ^{County} Howard MARYLAND

Date 1903 ^{Month} Feb. ^{Day} 12 ^{Y.} 3 ^{M.} 3 ^{D.} — ^{Native of} Maryland ^{Occupation} Child

☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced

☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of _____

Wife _____

Father's Name Charles Thomas Grant, Mother's Name Honore Elizabeth Fairall

Maiden Name

Cause of Death { Primary Broncho Pneumonia } How long sick 10 days

Death { Immediate Heart Failure Exhaustion } Accident, Suicide, Homicide

Reported by J. W. H. & Son Jr

Address West Friends Wife, Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Earnest Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1903</i>		Town <i>Columbia</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Feb</i>	Day <i>3</i>	Age	Years	Months <i>13</i>	Days	
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>M.D.</i>				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Frank Howard</i>				Father's Birthplace			
Mother's Maiden Name <i>Elfa Howard</i>				Mother's Birthplace			
Name of person giving information <i>V. B. Glehart</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

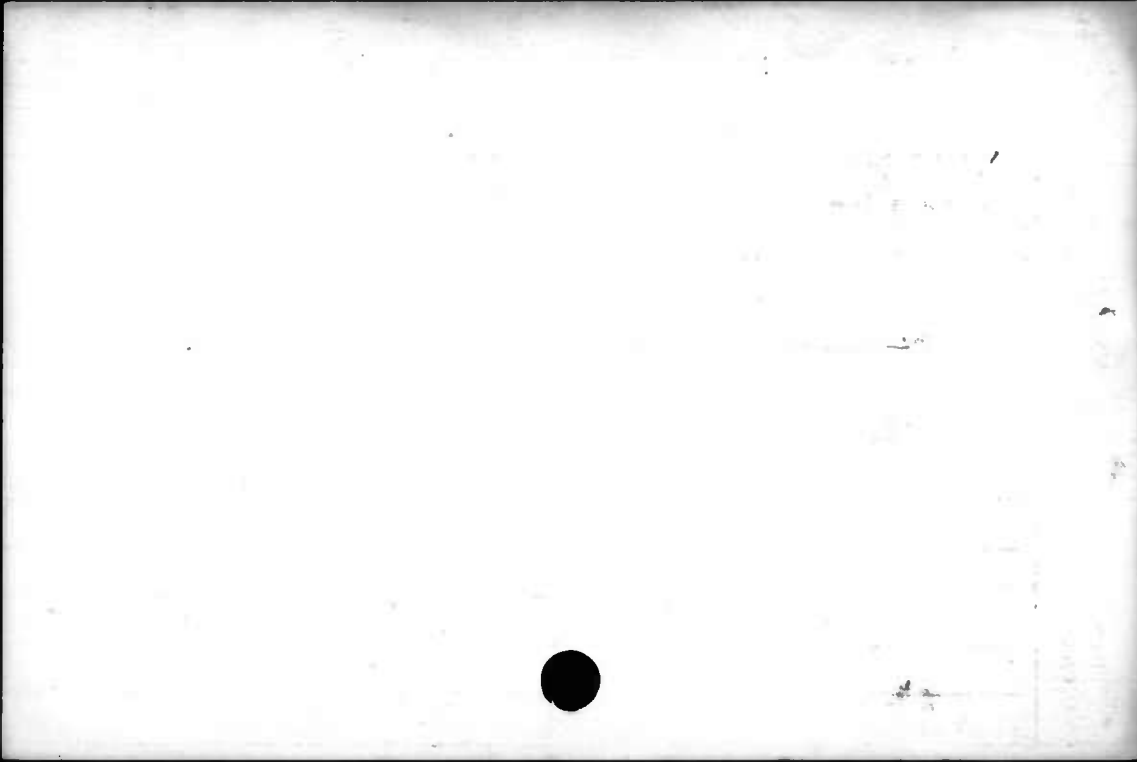
Dr. Hebl reported by

Address

Milton Easton

Ellicott City

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

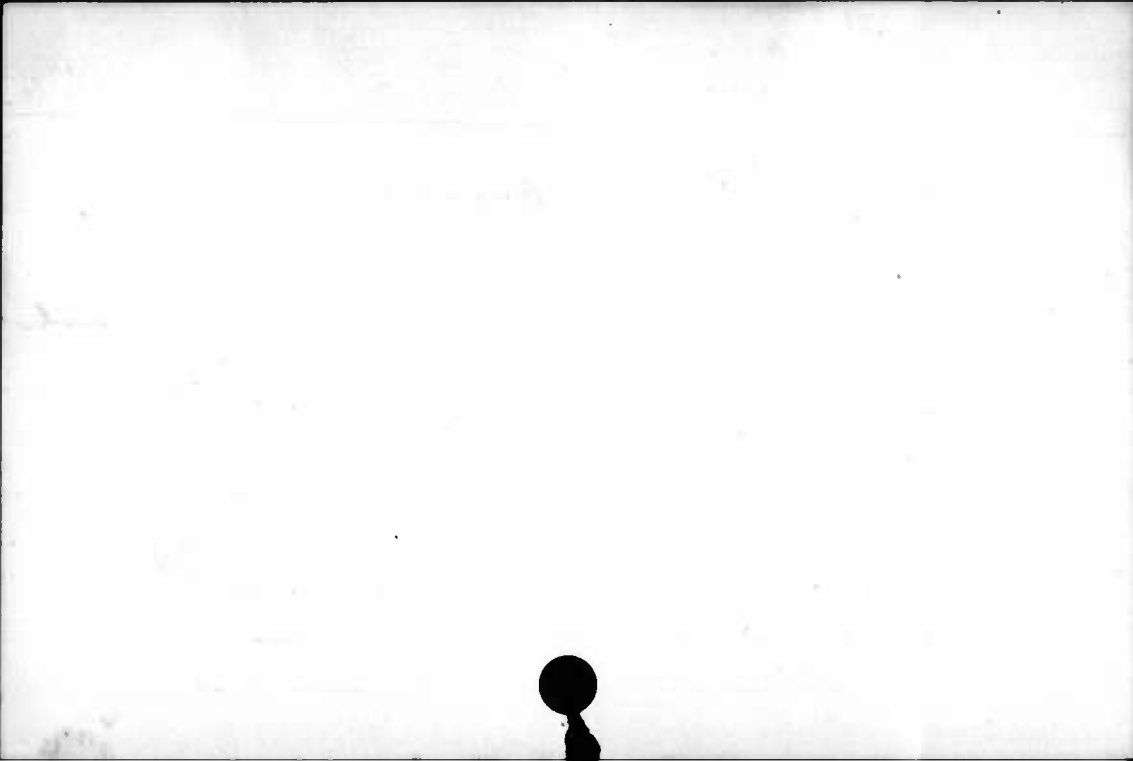
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayton</i> Town		<i>Howard</i> County		MARYLAND		
Date of death 190 <i>30</i>	Month <i>Feb.</i>	Day <i>13</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>American</i>		<i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Elizabeth</i>						
Father's Name				Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Samuel A. Nichols</i>				How related to deceased <i>Physician</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>79</i>	How long
Immediate <i>Died suddenly of Heart disease</i>		How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. A. Nichols</i>
		Address <i>Dayton Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Sex

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
information

Town

Month

Day

Age

Color or
Race

Occupation

County

Years

Months

Days

Birth-
place

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

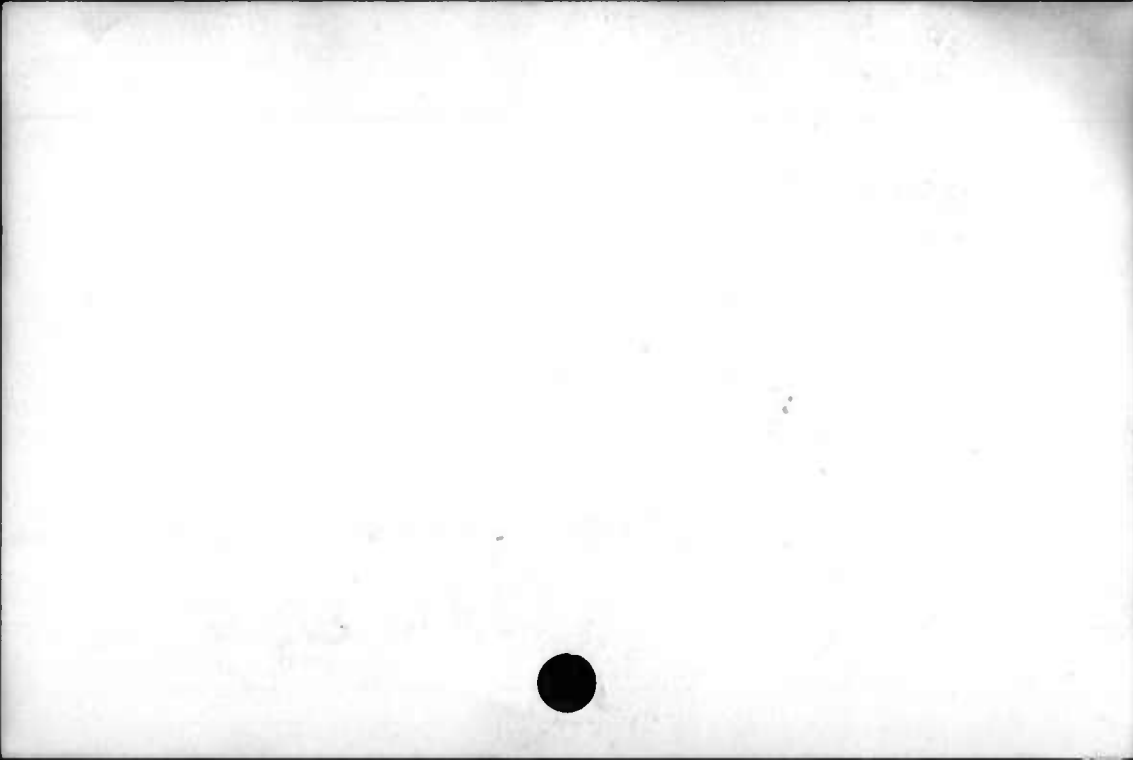
How long

How long

Accident or Suicide?

MARYLAND

Father's
BirthplaceMother's
BirthplaceHow related
to deceasedPHYSICIAN
OR CORONER



Name
in
Full

Maggie Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bellicott City</u> ^{Town}		<u>Harvard</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>15</u>	Age Years <u>38</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Adolphus Weiser</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Henrietta Weiser</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broncho Pneumonia</u>	How long <u>about 6 weeks</u>
Immediate <u>Pulmonary Oedema</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. W. Stultz M.D.</u>
	Address <u>Catonville Ind.</u>
Accident or Suicide? <u>—</u>	



Certificate of Death

Died at

Town -
Elle est City

County
(Harrison)

MARYLAND

Date 19 03

Month Day

28

Y. M. D.

Native of

Occupation

Age

1

Widow

Divorced

Number of children living

Husband of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 74850



Name in Full

Certificate of Death

Mrs. Elizabeth Parker

Town

County

Died at

Fulton

Howard

MARYLAND

Date 1913

Month Day
Feb. 23

Age 85

Y. M. D.

Native of

Md

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

7

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

General Debility

How long sick

1 mo 10

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

W. H. L. Crissell

Address

Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Chilodactylus
sp. nov.



Name in Full Margery R. Penny		CERTIFICATE OF DEATH	
Town Guilford		County Howard	
Died at		MARYLAND	
Date of death 190 3	Month 2	Day 1	Age 3
Sex female		Color or Race white	Birth-place Guilford Md
Married, Single or Widowed _____		Occupation Infant	
Name of Wife or Husband _____			
Father's Name H. A. Penny Jr		Father's Birthplace Md	
Mother's Maiden Name Fannie Eells		Mother's Birthplace Md	
Name of person giving information H. A. Penny Jr		How related to deceased Father	
CAUSES OF DEATH			
Primary Eczema & Infection		How long 3 m	
Immediate Exhaustion		How long no days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician F. W. Livingston	
Accident or Suicide? _____		Address Savage Md	



Name
in
Full

Walter L. Phelps

CERTIFICATE OF DEATH

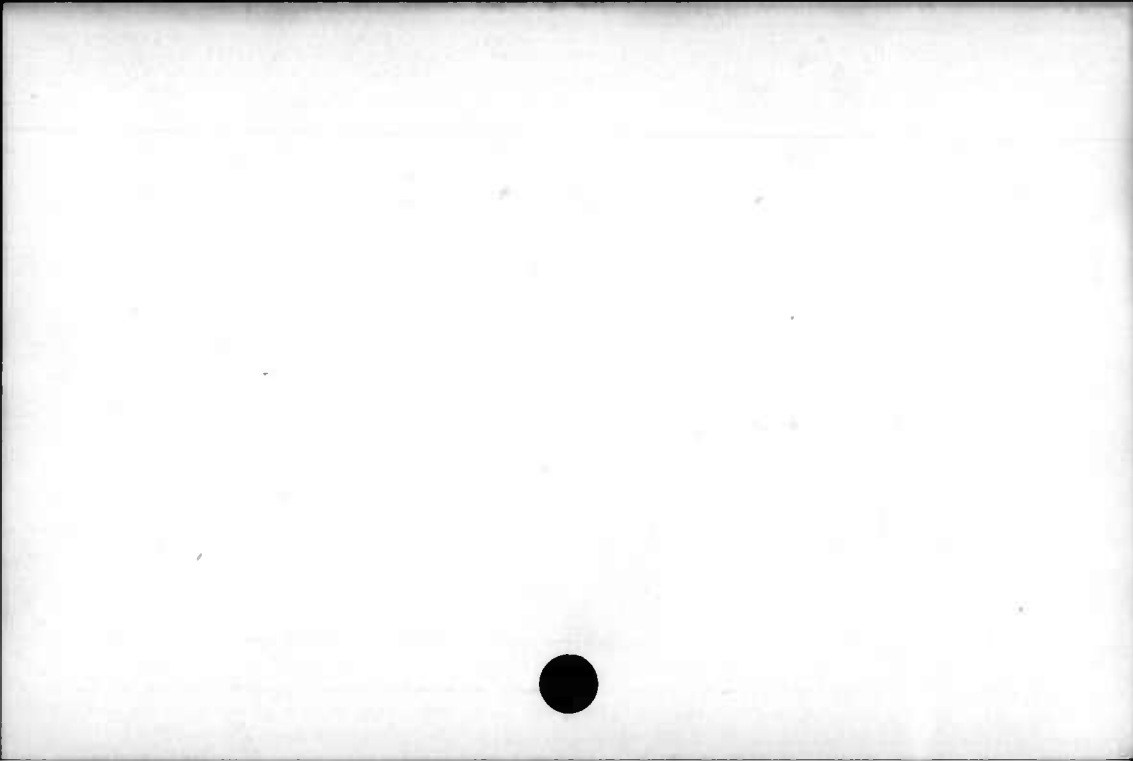
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Hovum		MARYLAND	
Date of death 190		3	Month Jul	Day 21	Age	Years 8	Months 23
Sex		male		Color or Race white		Birth-place Md	
Married, Single or Widowed		Infant		Occupation		Infant-	
Name of Wife or Husband							
Father's Name		Mr R Phelps 88				Father's Birthplace Md	
Mother's Maiden Name		Clara Wastan				Mother's Birthplace Md	
Name of person giving information		Mrs R. Phelps				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngitis		How long	4 mo
Immediate	Exhaustion		How long	a few days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. W. L. [illegible] MD	
			Address Savage Md	
Accident or Suicide?		No		



Name
in
Full

John Henry Powell

CERTIFICATE OF DEATH

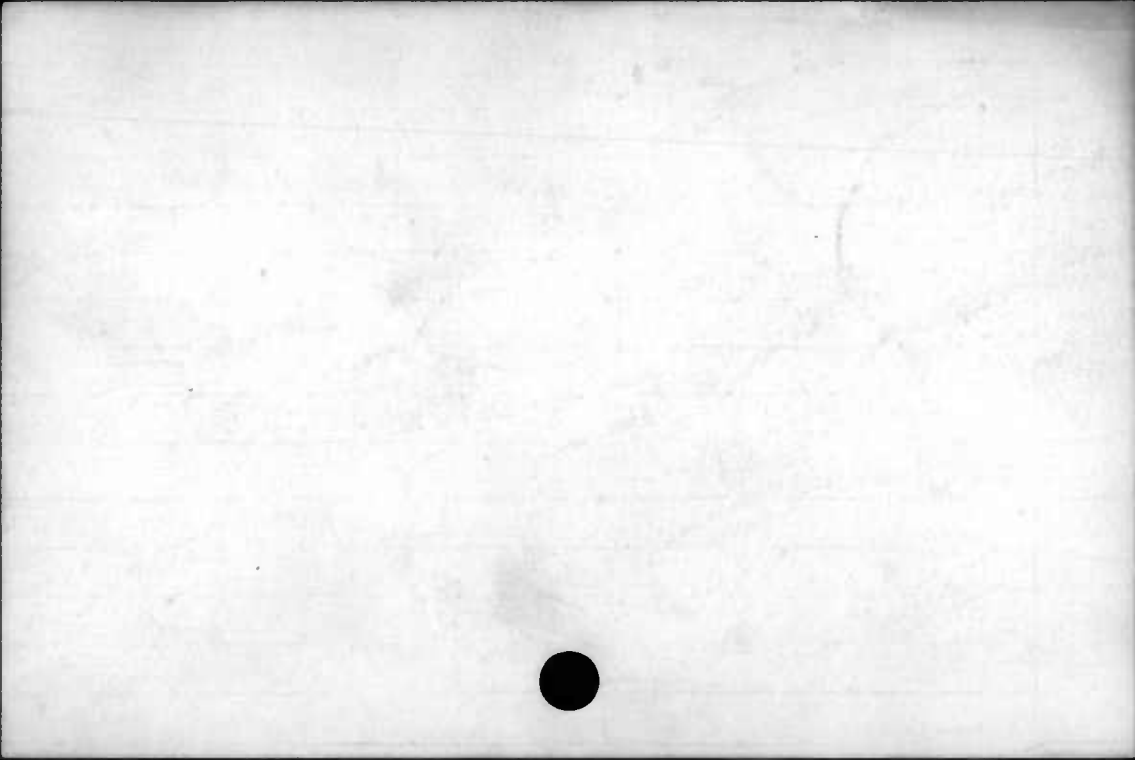
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonestown</i>		County <i>Harvard</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>13</i>	Years <i>80</i>	Months <i>2 months</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Fannie Powell</i>					
Father's Name <i>~~~~~</i>				Father's Birthplace	
Mother's Maiden Name <i>~~~~~</i>				Mother's Birthplace	
Name of person giving information <i>Thos Boring</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>10</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Boring</i>	
	Address <i>Ellicott City</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Sarkin W. Shepherd —

Died at ^{Town} W. Friendsville ^{County} Howard County — MARYLAND

Date 1903 — 2-27- Age 76 —

Month	Day	Y.	M.	D.	Native of	Occupation
					Maryland	Farmer

Male White Married Widow ~~Divorced~~

Female Colored Single Widower Number of children living 4

Husband of Caroline Selby —

Wife

Father's Name Samuel Shepherd Mother's Maiden Name 10

Cause of Death { Primary Grippe

Immediate Pneumonia

How long sick 14 days

Accident, Suicide, Homicide

Reported by Inverness & Son.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

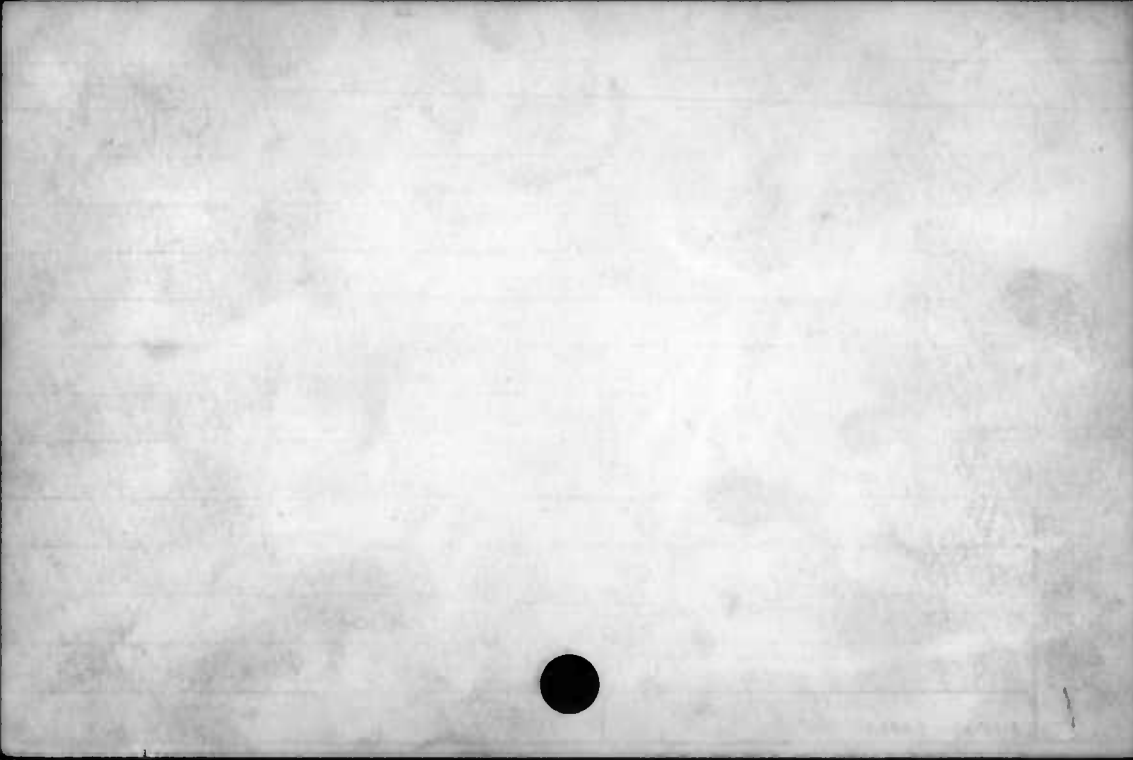
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grayo</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>23</i>	Years <i>44</i>	Months <i>1</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Emanuel Teal</i>					
Father's Name <i>George Disson</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Ann Chase</i>				Mother's Birthplace <i>A. A. Co</i>	
Name of person giving information <i>George Teal</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening Brain</i>	How long <i>65</i>	How long <i>2 years</i>
Immediate <i>Asthenia</i>		How long <i>4 to 5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B. Cantrell</i>	
	Address <i>Albertain, Md</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Samuel Thompson

Town

County

Died at Elk Ridge Howard

MARYLAND

Date 1903 Feb'y. 28 | Age 75 - 4 - 8 | Native of Maryland | Occupation Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 10

Husband of Sarah Ellen Thompson

Father's Name Fielder Thompson | Mother's Name Elizabeth Leekes

Cause of Death Primary Arterio Sclerosis

Immediate Cerebral hemorrhage

How long sick

5 days

~~Accident, Suicide, Homicide~~

Reported by Wm R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John L. Williams</i>		Town <i>Bellevue Springs</i>		County <i>Texas</i>		State <i>MARYLAND</i>	
Died at		Month <i>2</i>		Day <i>8</i>		Years <i>26</i>	
Date of death <i>1903</i>		Age <i>26</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Belle</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>120</i>						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Subcutaneous emphysema</i>		How long <i>6 mcs.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Taylor, M.D.</i>	
		Address <i>Bellevue, Md.</i>	
Accident or Suicide?			

